## WORKING COPYING SECTION 504/ADA STUDENT ELIGIBILITY FORM\*

(SHADED AREAS DENOTE CHANGES DUE TO ADAA 1/1/09)

Child's Name:			Birthdate:			
Eligibility Tea	m Members: Fill in	names and check areas	s of knowledg	e for each team memb	ers:	
Names:		child	meaning of evaluation data	accommodation	-	
Note: Make sur	e there is at least one	check in each column				
ар	aluation information otitude and/or achiev laptive behavior	(check each one used) rement tests	: 	teacher recommenda others(specify):		
Specify the (as recognition)	ne mental or physica Inized in <i>DSM-IV</i> or	al <i>impairment</i> other respected source	if not exclude	d under 504/ADA, e.g.	, illegal drug use)	
2. Check the	e major life activity:	seeing reading bowel functions	thi	aring nking adder functions	walking concentrating digestive functions	learning sleeping eating
or sp	ecify alternative of e	equivalent scope and im	portance:			
3. Place an	"X' on the following	scale to indicate the sp	ecific dearee t	hat the impairment (in	#1) limits the major life a	ctivity (in #2):
eyegla: learned	sses or contact lens d behavioral or adap	es); hearing aids and co tive neurological modifi	ochlear implar cations; and r	its; mobility devices, peasonable accommod	cation; low-vision devices rosthetics, assistive techr ations or auxiliary aids/se	nology;
<ul> <li>Similar</li> </ul>	ly, for impairments t	hat are episodic or in re	mission, mak	e the determination for	the time they are active.	
Use the	e average student ir	the general (i.e., nation	nal) population	as the frame of refere	ence.	
		r of broad coverage (i.e n specific information ev			um extent that they permerating:	it). Thus, for
5	5 Extremely					
4	Substantially					
3	Moderately					
2	2 Mildly					
1	Negligibly					
					their procedural rights, indetermine and list on the s	

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the specific accommodations that are necessary for the child to have an opportunity commensurate with nondisabled

students (of the same age).